

ORDER FOR SUPPLIES OR SERVICES										PAGE 1 OF 7				
1. CONTRACT/PURCH. ORDER/ AGREEMENT NO. N66001-12-D-0043			2. DELIVERY ORDER/ CALL NO. 0013		3. DATE OF ORDER/ CALL (YYYYMMDD) 2016 Feb 09		4. REQ./ PURCH. REQUEST NO. 1300544880			5. PRIORITY				
6. ISSUED BY SPAWAR SYSTEMS CENTER PACIFIC CEDRIC CUNNINGHAM, CODE 22550 CEDRIC.CUNNINGHAM@NAVY.MIL 53560 HULL STREET SAN DIEGO CA 92152-5001				CODE N66001		7. ADMINISTERED BY (if other than 6) DCMA SYRACUSE 615 ERIE BLVD., WEST SUITE 300 SYRACUSE NY 13204-2408				CODE S3306A SCD: C				
8. DELIVERY FOB <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER (See Schedule if other)														
9. CONTRACTOR HARRIS CORPORATION DUNS: 002204600 NAME AND ADDRESS 1680 UNIVERSITY AVE ROCHESTER NY 14610-1839				CODE 14304		FACILITY		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) SEE SCHEDULE		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED				
12. DISCOUNT TERMS Net 30 Days								13. MAIL INVOICES TO THE ADDRESS IN BLOCK See basic contract Sec G						
14. SHIP TO SEE SCHEDULE				CODE		15. PAYMENT WILL BE MADE BY DFAS COLUMBUS CENTER DFAS-CO/NORTH ENTITLEMENT OPERATIONS P.O. BOX 182266 COLUMBUS OH 43218-2266				CODE HQ0337 MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.				
16. TYPE OF ORDER	DELIVERY/ CALL	<input checked="" type="checkbox"/>	This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.											
	PURCHASE		Reference your quote dated Furnish the following on terms specified herein. REF:											
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.														
NAME OF CONTRACTOR				SIGNATURE				TYPED NAME AND TITLE				DATE SIGNED (YYYYMMDD)		
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:														
17. ACCOUNTING AND APPROPRIATION DATA/ LOCAL USE See Schedule														
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/ SERVICES				20. QUANTITY ORDERED/ ACCEPTED*		21. UNIT		22. UNIT PRICE		23. AMOUNT		
		SEE SCHEDULE												
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.						24. UNITED STATES OF AMERICA TEL: 619-553-1481 EMAIL: matthew.shupbach@navy.mil BY: Matthew Schupbach			(b)(6)		25. TOTAL \$849,941.64		26. DIFFERENCES	
27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED														
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE						c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE						
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE						28. SHIP NO.		29. DO VOUCHER NO.		30. INITIALS				
f. TELEPHONE NUMBER			g. E-MAIL ADDRESS			<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR				
36. I certify this account is correct and proper for payment.						31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				34. CHECK NUMBER				
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER								35. BILL OF LADING NO.				
37. RECEIVED AT		38. RECEIVED BY		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NO.		42. S/R VOUCHER NO.				

Section B - Supplies or Services and Prices

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	SRW Software In-service Support CPFF Software In-Service Support for Soldier Radio Waveform (SRW)	1	Lot		(b)(4)
	Technical Support in accordance with the attached Statement of Work, Section J, Attachment 1. This is a CPFF level-of-effort type task order, based on an estimated (b)(4) labor hours including subcontractor effort.				
	FOB: Destination PURCHASE REQUEST NUMBER: 1300544880				
				ESTIMATED COST	(b)(4)
				FIXED FEE	(b)(4)
				TOTAL EST COST + FEE	(b)(4)
	ACRN AA CIN: 130054488000001				(b)(4)
0003	Other Direct Costs COST	1	Lot		(b)(4)
	ODCs will be non-fee bearing.				
	FOB: Destination PURCHASE REQUEST NUMBER: 1300544880				
				ESTIMATED COST	(b)(4)
	ACRN AA CIN: 130054488000002				(b)(4)
0004	CDRLs		Lot		NSP

Section E - Inspection and Acceptance

INSPECTION AND ACCEPTANCE TERMS

Supplies/services will be inspected/accepted at:

CLIN	INSPECT AT	INSPECT BY	ACCEPT AT	ACCEPT BY
0001	Destination	Government	Destination	Government
0003	Destination	Government	Destination	Government
0004	Destination	Government	Destination	Government

Section F - Deliveries or Performance

DELIVERY INFORMATION

CLIN	DELIVERY DATE	QUANTITY	SHIP TO ADDRESS	DODAAC
0001	POP 09-FEB-2016 TO 08-FEB-2017	N/A	SPAWAR SYSTEMS CENTER PACIFIC RECEIVING OFFICER 4297 PACIFIC HIGHWAY, BLDG. OT7 SAN DIEGO CA 92110-5000 619-553-6617 FOB: Destination	N66001
0003	POP 09-FEB-2016 TO 08-FEB-2017	N/A	SPAWAR SYSTEMS CENTER PACIFIC RECEIVING OFFICER 4297 PACIFIC HIGHWAY, BLDG. OT7 SAN DIEGO CA 92110-5000 (619) 524-2271 FOB: Destination	N66001
0004	POP 09-FEB-2016 TO 08-FEB-2017	N/A	(SAME AS PREVIOUS LOCATION) FOB: Destination	N66001

Section G - Contract Administration Data

ACCOUNTING AND APPROPRIATION DATA

AA: 2116162020 A5X ER432 6 75FPMC 25 710010 804677A00256 84164 021001

AMOUNT: \$849,941.64

CIN 130054488000001: (b)(4)

CIN 130054488000002: (b)(4)

CLAUSES INCORPORATED BY REFERENCE

252.204-0001	Line Item Specific: Single Funding	SEP 2009
252.204-7006	Billing Instructions	OCT 2005

CLAUSES INCORPORATED BY FULL TEXT

ENTERPRISE CONTRACTOR MANPOWER REPORTING APPLICATION (ECMRA)

The contractor shall report ALL contractor labor hours (including subcontractor labor hours) required for performance of services provided under this contract for the Space and Naval Warfare Systems Command (SPAWAR) via a secure data collection site. The contractor is required to completely fill in all required data fields using the following web address <https://doncmra.nmci.navy.mil>.

Reporting inputs will be for the labor executed during the period of performance during each Government fiscal year (FY), which runs October 1 through September 30. While inputs may be reported any time during the FY, all data shall be reported no later than October 31 of each calendar year. Contractors may direct questions to the help desk, linked at <http://www.ecmra.mil>.

For purposes of ECMRA reporting, the Federal Supply Code / Product Service Code applicable to this contract/order is D318.

Supplemental Wide Area WorkFlow Payment Instructions

(a) The following Wide Area WorkFlow (WAWF) payment instructions supplement DFARS Clause 252.232-7006.
 (b) Interim Voucher costs are to be broken down in a clear and logical manner with fully burdened cost information (inclusive of fee). Cost information shall include identification of: 1) all labor categories and individuals utilized during the billing period; 2) number of hours and fully burdened hourly labor rates (including fee) per individual*; 3) material (consumable and non-consumables) description and fully burdened costs, separated by type; 4) fully burdened travel costs itemized by trip, date and individual; 5) other fully burdened direct costs not separately identified; e.g., reproduction, cell phones, equipment rentals, etc.; 6) subcontractor costs itemized with the same level of detail; and 7) average actual hourly labor rates (total actual fully burdened labor cost/total # hrs performed).
 *In lieu of providing names of individuals, you may choose to assign an "employee code" to each individual. If the aforementioned methodology is chosen an employee matrix mapping the employee codes to an individual name must be forwarded to the COR and Contracting Officer.

Attachments created with any Microsoft Office product or Adobe (.pdf files) are to be attached to the invoice in WAWF. The total size limit for files per invoice in WAWF is 5 megabytes. A separate copy of the invoice with back-up documentation shall be emailed to the COR/TOM.

(c) Contractors approved by DCAA for direct billing will not process vouchers through DCAA, but will submit directly to DFAS. Vendors MUST still provide a copy of the invoice and any applicable cost back-up documentation supporting payment to the Acceptor/Contracting Officer's Representative (COR) if applicable. Additionally, a copy of the invoice(s) and attachment(s) at time of submission in WAWF shall also be provided to each point of contact identified in section (g) of DFARS clause 252.232-7006 by email. If the invoice and/or receiving report are delivered in the email as an attachment it must be provided as an Adobe (.pdf file), Microsoft Office product or other mutually agreed upon form between the Contracting Officer and vendor.

(d) A separate invoice will be prepared no more frequently than for every two weeks. Do not combine the payment claims for services provided under this contract.

(e) In accordance with DFARS 204.7104-1 Informational subline item numbers (e.g., 000101, 000102, etc) shall not be priced separately for payment purposes. Therefore, you are reminded to bill at the CLIN level using the applicable ACRN, e.g., AA, AB, AC, etc. DFAS will reject invoices that contain informational subline items.

Section J - List of Documents, Exhibits and Other Attachments

Exhibit/Attachment Table of Contents

DOCUMENT TYPE	DESCRIPTION	PAGES	DATE
Exhibit A	CDRLS	23	10-NOV-2015
Attachment 1	SOW	17	10-NOV-2015